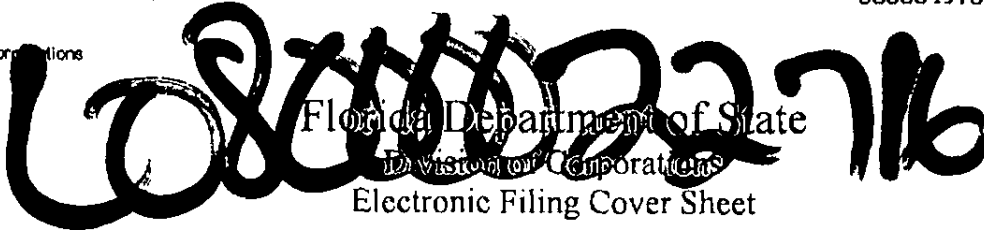


Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000155812 3)))



H160001558123ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : RICARDO MARTINEZ-CID, P.A.
Account Number : 076640001666
Phone : (305) 632-1950
Fax Number : (305) 854-9788

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: theplatinum@hotmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ANYNAMEIWANT LIMITED LIABILITY COMPANY**

Certificate of Status	1
Certified Copy	1
Page Count	05
Estimated Charge	\$60.00

2016 JUN 28 PM 5:01

TALLAHASSEE, FLORIDA

JUN 29 2016

S. YOUNG

Corporate Filing Menu

Help

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ANYNAMEIWANT LIMITED LIABILITY COMPANY

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RICARDO MARTINEZ-CID

Name of Person

RICARDO MARTINEZ-CID P.A.

Firm/Company

1699 Coral Way, Suite 510

Address

Miami, Florida 33145-2860

City/State and Zip Code

theplatinum@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICARDO MARTINEZ-CID

305 632 1950
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

16 JUN 28 AM 9:44
STATE OF FLORIDA
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ANYNAMBIWANT LIMITED LIABILITY COMPANY

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on March 4, 2008 and assigned
Florida document number L08000022716

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7900 Harbor Drive, Unit #719

North Bay Village, Florida 33141

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7900 Harbor Drive, Unit #719

North Bay Village, Florida 33141

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Dede Cohen

New Registered Office Address:

7900 Harbor Drive, Unit #719

Enter Florida street address

North Bay Village

City

Florida 33141

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.



If Changing Registered Agent, Signature of New Registered Agent

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

16 JUN 28 AM 9:44

E. Effective date, if other than the date of filing: FILING WITH SECRETARY OF STATE (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 28, 2016

Signature of _____

Signature of a member or authorized representative of a member

DEDE COHEN, G-MGR

Typed or printed name of signer